Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/645062	
Filing Date	8/21/2003	
First Named Inventor		
Art Unit		
Examiner Name		
Attorney Docket Number	CIT1.PAU.16	

P.0	ommissioner for Patents O. Box 1450 exandria, VA 22313-1450			OIPE		
Please	withdraw me as attorney or age	nt for the above identified	patent application, and	(AUG 2 9 2008)		
	all the practitioners of record;			AUG 2 5 2008		
\checkmark	the practitioners (with registration numbers) of record listed on the attached paper(s); or					
	the practitioners of record asso	ciated with Customer Nu	mber:	·····		
NOTE: Custom	The immediately preceding box er Number.	should only be marked	when the practitioners were appo	pinted using the listed		
The	reason(s) for this request are tho	se described in 37 CFR	:			
	10.40(b)(1)	10.40(b)(2)	10.40(b)(3)	10.40(b)(4)		
	10.40(c)(1)(i)	10.40(c)(1)(ii)	10.40(c)(1)(iii)	10.40(c)(1)(iv)		
	10.40(c)(1)(v)	10.40(c)(1)(vi)	10.40(c)(2)	10.40(c)(3)		
	10.40(c)(4)	10.40(c)(5)	10.40(c)(6) Please explain	below:		
Chook	and hav halow that in fac	Certific:				
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.						
1.						
2.						
3.						
Please provide an explanation, if necessary:						

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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[Page 2 of 2]

Telephone No. 949-223-9610

Date

8/26/08

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	ventor or signee name				R. R.	4
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I am autho	orized to sign on t	behalf of myself and all with	ndrawing pra	ctitioners.		
Signature	/David L. Henty	1				
Name	David L. Henty	David L. Henty		Registration No. 31323		
Address	19900 MacArthur	Blvd., Suite 1150				
City Irvine	Э	State CA	Zip 926	12	Country USA	4
Date	8/26/08	8/26/08 Telephone No. 949-223-9610				
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	ventor or ssignee name				A CORO		
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I am authorized to sign on behalf of myself and all withdrawing practitioners.							
Signature	e /Vic Lin/						
Name	Vic Y. Lin	Vic Y. Lin			Registration No. 43754		
Address	19900 MacArthu	ur Blvd., Suite 1150	0				
City Irvin	City Irvine State CA Zip 926		2612 Country USA				
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Address						
City		State	Zip		Country	
Telephone		Email				
I am authorized to sign on behalf of myself and all withdrawing practitioners.						
Signature	/rlm/					
Name	Richard Myers		Registration No. 26490			
Address	19900 MacArthur	Blvd., Suite 1150				
City Irvin	City Irvine State CA Zip 926		Zip 926	ip 92612 Country USA		
Date	8/26/08	8/26/08 Telephone No. 949-223-9610			223-9610	
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